

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>		09-06-01
O.I.P.E. CLASSIFIER		<i>616</i>	9/14/91
FORMALITY REVIEW	SA	1123	10/05/01
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/2/01
2	✓	✓	7/2/01
3	✓	✓	7/2/01
4	✓	✓	7/2/01
5	✓	✓	7/2/01
6	✓	✓	7/2/01
7	✓	✓	7/2/01
8	✓	✓	7/2/01
9	✓	✓	7/2/01
10	✓	✓	7/2/01
11	✓	✓	7/2/01
12	✓	✓	7/2/01
13	✓	✓	7/2/01
14	✓	✓	7/2/01
15	✓	✓	7/2/01
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18	✓	✓	7/2/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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